



**eein Mentorship Program**  
c/o Casey Family Services  
105 Loudon Road, Building 2  
Concord, NH 03301

[eeinnh@earthlink.net](mailto:eeinnh@earthlink.net) / (603) 228-2040 / [www.eeinnh.org](http://www.eeinnh.org)

***Pam Miller Sallet, Program Coordinator***  
***[pms88@comcast.net](mailto:pms88@comcast.net) / (603) 772-7848 (phone and fax)***

**Mentor Application Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Best location/time/method to follow-up to this application: \_\_\_\_\_

\_\_\_\_\_

Professional Discipline/Title: \_\_\_\_\_

\*Years of Experience in NH ESS? \_\_\_\_\_ NH Preschool Sp. Ed.? \_\_\_\_\_ Other? \_\_\_\_\_

*\*Please attach resume or other background information to share with mentees.*

Are you familiar with federal/state regulations regarding NH ESS/Sp. Ed.? \_\_\_\_\_

What area(s) of expertise are you willing to share with others during mentorship?

\_\_\_\_\_

\_\_\_\_\_

Type of mentorship desired: Individual \_\_\_\_\_ Topical \_\_\_\_\_ No Preference \_\_\_\_\_

Contact information for mentee(s) you would like to refer for a mentorship with you?

\_\_\_\_\_

\_\_\_\_\_

Please describe your schedule's flexibility/barriers regarding participation in the program:

\_\_\_\_\_

\_\_\_\_\_

When are you available to begin a mentorship? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

*Thank you for your application. The program coordinator will be calling you soon.*